

2019 Novel Coronavirus (COVID-19) Interim Guidance

March 23, 2020

Intended Audience: Organizations that operate sexual and domestic violence programs, which includes General Community-Based Domestic Violence (GCBDV) services; Rape Crisis Centers (RCCs); Children Exposed to Domestic Violence (CEDV); Supervised Visitation Services (SVS); Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI), including immigration legal assistance; Intimate Partner Abuse Education Programs (IPAEP); Emergency Shelter (ES); Housing Stabilization (HS); and DV, Substance Misuse, and Trauma Shelter (DVSMT).

This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). The Massachusetts Department of Public Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the novel coronavirus outbreak.

This guidance will be updated as needed and as additional information is available. Please regularly check mass.gov/covid19 for updated interim guidance.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, contracts with the Department of Public Health to provide sexual and domestic violence services.** Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a program participant's or employee's health.

Background

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever, cough, and difficulty breathing.
- According to CDC the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

Who should be most cautious?

- Those considered "high risk" include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

What should a program do to mitigate the risk of spreading COVID-19?

Sexual and domestic violence programs balance competing priorities every day in the work to promote safety for survivors and hold offenders accountable. In addition to considering survivor empowerment, safety, and privacy, programs are urged to modify services rather than suspend them, to the greatest extent possible, in ways that will help keep program participants, staff, and volunteers as healthy as possible.

Screen all staff, visitors, vendors, and program participants

Individuals with any of the conditions below should be restricted from entering the program site (please note that the highest risk of transmitting COVID-19 is from individuals with active symptoms):

- Sick with fever (100.3), cough, or sneezing

- Recent international travel (i.e., within the past 14 days) from a [COVID-19-affected geographic area](#)
- Close contact with a person diagnosed with COVID-19 in the past 14 days.

Restrictions on Visitors to the Program

- Sexual and domestic violence programs must follow the guidance issued by DPH regarding in-person service provision and face-to-face contact and restrictions of all non-essential personnel.
- When visitation guidance is revised by DPH, the sexual and domestic violence programs should develop and issue communications to all program participants, staff, vendors, and DPH regarding any changes.

Additional Considerations

- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of the program. Notify the program director immediately.
- Sexual and domestic violence programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- Maximize the use of “social distancing,” the practice of keeping at least six feet between individuals at all times.
- Consider conducting services normally provided in person via phone or electronically, similar to hotlines, when possible. These services include, but may not be limited to: safety planning, individual counseling, some groups, medical advocacy, legal services, and many types of advocacy on survivors’ behalf. The National Network to End Domestic Violence has issued helpful guidance on [providing digital services during a public health crisis, best practices in mobile advocacy](#), and [operating as a remote workplace](#). A [digital services toolkit](#) is also available.
 - Safety planning with survivors should continue or be increased, given the rapid changes to lifestyles during this public health crisis. Loveisrespect.org offers an [online interactive guide to safety planning](#).
 - Programs that work with offenders (IPAEP and SVS) should check in regularly with those program participants. Separate check-ins should be done with partners and non-offending parents to verify adherence to the identified plan.
 - Supervised Visitation programs should explore alternative methods of contact between the child(ren) and the offending parent, as well as the non-offending parent if they are not the primary caregiver. If possible, these should include video as well as audio capability. These revised plans should be communicated to partner agencies such as the Department of Children and Families (DCF), Probate and Family Courts, Guardians Ad Litem, and others as appropriate.
 - Intimate Partner Abuse Education Programs should consider not only the health of group participants and staff, but also the possibility of abuse taking place because an offender is participating in group electronically while at home with their partner. IPAE programs can suspend groups if it is determined that this risk outweighs the benefit of continued sessions. If groups are suspended, the program must still do regular check-ins with participants, complete intakes, and increase partner contacts to maximize safety. The Office of the Commissioner of Probation has approved groups being held electronically or suspension of services during this emergency period.
 - The requirements that Rape Crisis Centers provide in-person advocate response to forensic sexual assault exam sites, to law enforcement agencies, and to courts are suspended; each RCC can determine whether to continue those services in person or provide them by phone.
 - RCCs must continue to provide hotline services and to have clinical supervision available for staff and volunteers interacting with survivors.
 - Prohibit the size of gatherings in accordance [with issued executive orders](#).
 - Housing stabilization programs that are scattered site should check in with program participants daily by phone, text, email, chat, or other electronic means.

- Emergency shelter providers must maintain 24/7 shelter coverage. Shelter programs need to have a plan for managing shelter services in the event that 24/7 staffing cannot be maintained. (Guidance on managing ill participants is below.)
- **If any services are modified, programs must inform their DPH contract manager(s) in writing in advance of the change. If changes must be made immediately, the DPH contract manager(s) must be informed in writing within 24 hours of the change being implemented.**
- When service procedures are revised, the program should develop and issue communications to all program participants, staff and volunteers, and community partner agencies regarding any changes.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- Keep a daily log of names and contact information for employees, program participants, visitors, and vendors. This will provide critical information to medical and other professionals if a person contracts COVID-19.

Follow precautionary steps to keep program participants and staff healthy

The precautions that sexual and domestic violence programs have in place to prevent the spread of germs can help protect against COVID-19. Sexual and domestic violence programs should increase the frequency of their regular cleaning and disinfection program, including:

- Use [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 \(the Cause of COVID-19\)](#) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars. Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones, and toys.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program participant is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next program participant.

Program participants (including children), staff, and volunteers should be reminded to:

- Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers with at least 60% alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick. People living with others, including in shelter, should stay at least six feet away from others, by staying in their own bedroom and using their own bathroom if possible.
- Avoid sharing dishes, drinking glasses, eating utensils, or towels.
- Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.
- Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
- In order to avoid germs, do not shake dirty laundry or “hug” dirty laundry to your chest to carry it.

Other protective measures:

- Develop a quarantine protocol and review it with program participants, including children. This will let people know what to expect and decrease anxiety.

- Post signs at the entrance with instructions for hand hygiene and informing individuals with symptoms of respiratory infection that they should go home and contact their health care provider.
- Decisions about when to scale back or cancel activities should be made in consultation with your DPH contract manager, and informed by a review of the COVID-19 situation in your community and any current public health advisories from national, state, or local officials.
- Cancel and do not attend gatherings of more than 25 people. Many trainings, meetings, and other events can be done online.
- Monitor ill program participants, including asking them to limit participation in and transportation to outside activities (such as shopping and jobs).
- Monitor personnel for symptoms of respiratory infection.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

Programs are encouraged to re-educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

- CDC does not recommend that people who are well wear a face mask to protect themselves from respiratory diseases, including COVID-19.
- Face masks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.

As a reminder, CDC resources can be found here:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)

[What should a program do if it suspects a case of COVID-19?](#)

Any residential domestic violence program serving a program participant with suspected or confirmed COVID-19 should immediately contact the Massachusetts Department of Public Health 24/7 at (617) 983-6800 to review the risk assessment and discuss laboratory testing and control measures. Note that this does not mean providing information identifying the program participant as a domestic violence victim.

These control measures include:

- Providing PPE when available, such as a face mask, for the program participant exhibiting symptoms of COVID-19.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If the program participant does have symptoms, they should be encouraged to contact their health care provider immediately.
- Isolating the program participant in a private room with the door closed. This can be done in a room within the shelter if a room is available and the bedroom has an adjacent bathroom; individuals with COVID-19 symptoms should not share bedroom, bathroom, or kitchen facilities with others.
- Food should be prepared for and brought to the ill program participant.
- Anyone who needs to be in the same room as the individual should wear a face mask and stand at least 6 feet away and use PPE if available.
- If a room is not available at the shelter to provide appropriate isolation, the program can pay for a hotel room for the participant or provide a room at other locations that are appropriate to isolate individuals that may be

made available. The participant should be encouraged to inform hotel staff that they have the virus and hotel staff should not enter the participant's hotel room. The program should check in on the survivor daily and arrange for the delivery of meals.

- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.
- Shelter programs and congregate housing stabilization programs that hold a room open to be used for isolation as needed may bill DPH for those room nights. However, as this practice decreases the overall capacity of the shelter system, isolating participants in hotels is strongly encouraged.

Directives for Staff Exhibiting Respiratory Symptoms

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their healthcare provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their local board of health.

If the needs of the program exceed current staffing capacity or ability, contact your DPH contract manager to prioritize service provision and planning.

Ongoing management of program site

All sexual and domestic violence programs should continue to:

- Understand that the Governor's March 15, 2020 Order prohibiting assemblages of more than 25 people does not apply to normal operations of sexual and domestic violence programs.
- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
- Review emergency preparedness plans and assess for continued operation in case of an emergency.
- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms, and the potential decrease in staffing availability.
 - Consider revising staffing patterns to make best use of staff who are able to work.
 - Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.
 - Also refer to [CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)

This guidance is not intended to address every potential scenario that may arise and will be updated as additional information is available. Sexual and domestic violence programs should monitor the Department of Public Health's website, mass.gov/2019coronavirus and Local Health Department guidance and keep in close contact with your DPH contract manager in the Division of Sexual and Domestic Violence Prevention and Services to elevate priority issues of concern.

For more information, please visit [frequently asked questions about COVID-19](#).

DPH prevention guidance: [printable fact sheets](#)

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>